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Bib Data Sheet

CONFIRMATION NO. 3424

SERIAL NUMBER 10/633,309	FILING DATE 08/04/2003  RULE	CLASS 623	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. 246472005300
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APPLICANTS

Arnold Keller, Kayhude, GERMANY;

\*\* CONTINUING DATA \*\*\*\*\* NONE AR

\*\* FOREIGN APPLICATIONS \*\*\*\*\* NONE AR

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 04/21/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GERMANY	SHEETS DRAWING 1	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 1
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Verified and Acknowledged  
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TITLE  
 Cervical prosthesis with insertion instrument

FILING FEE  RECEIVED 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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